

**Written questions
and
MCQs
in
Dermatology**

Master degree

Prepared by

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2016

Written exam questions - Master degree
Genodermatoses
Dr Ahmad Kamel

April 2015	Mention the clinical diagnostic criteria of the following: Tuberous sclerosis (3)
April 2014	Compare between: <ul style="list-style-type: none"> Ocular manifestations of atopic dermatitis and pseudoxanthoma elasticum (5) Ichthyosis vulgaris and X-linked ichthyosis (5)
November 2013	What are the important nail changes in the following skin diseases? <ul style="list-style-type: none"> Tuberous sclerosis (2)
Nov. 2012	Write short notes on: Oculo-cutaneous manifestations of Tuberous sclerosis (5)
November 2011	Give the major diagnostic criteria of the following diseases: Neurofibromatosis (2) Mention the defect in the following diseases: <ul style="list-style-type: none"> Sjogren Larsson syndrome (2) X-linked ichthyosis (2) Give the common nail findings in the following diseases: Tuberous sclerosis (2)
April 2011	Epidermolytic hyperkeratosis is a characteristic histological picture and is not a specific disease entity <ol style="list-style-type: none"> Describe the histological changes of Epidermolytic hyperkeratosis (8) What are the conditions in which these changes can be seen (7) What are the important nail changes in the following skin diseases? Tuberous sclerosis (2)
November 2010	Eye is involved in the following diseases, mention the eye manifestations in each one: <ul style="list-style-type: none"> Neurofibromatosis (2) pseudoxanthoma elasticum (2) Give an account on causes of acquired ichthyosis

DIAGNOSTIC CRITERIA FOR TUBEROUS SCLEROSIS COMPLEX

	MAJOR FEATURES	MINOR FEATURES
Cutaneous	Facial angiofibromas Ungual or periungual fibromas ≥ 3 Hypomelanotic macules Shagreen patch	"Confetti" hypopigmented skin lesions
Extra-cutaneous	Multiple retinal nodular hamartomas Renal angiomyolipoma Cortical tubers Subependymal nodules Subependymal giant cell astrocytoma Cardiac rhabdomyoma, single or multiple Lymphangiomyomatosis	Multiple, randomly distributed pits in dental enamel Gingival fibromas Retinal achromic patch Cerebral white matter radial migration lines Multiple renal cysts Hamartomatous rectal polyps Bone cysts Non-renal hamartoma
Definite TS: two major OR one major feature + two minor features Probable TS: One major + one minor feature Possible TS: Either one major feature or two or more minor features		

Written exam questions – Master degree
Non-infectious & infectious granulomas
Dr Ahmad Kamel

May 2015	<p>Compare in tables: type 1 and 2 lepra reactions (3)</p> <p>What is the most important test(s) for the diagnosis of the following diseases:</p> <ul style="list-style-type: none"> • Sarcoidosis (3)
November 2014	<p>Describe type I, type II lepra reaction and its treatment (10)</p> <p>Write (4) differential diagnoses of multiple dusky red papulo-nodular lesions on the face. Describe the histopathological features of each and its treatment</p>
April 2014	<p>WHO regimen in treatment of leprosy</p> <p>A 27 years old female patient presented with asymptomatic small smooth and firm red papules on the right arm of 2 months duration. On examination, the lesions are closely set with no overlying scale.</p> <ol style="list-style-type: none"> What is the most likely diagnosis? Describe its characteristic histopathology. Describe other clinical variants of this disease. What is the most likely treatment?
April 2013	<p>Compare between:</p> <ul style="list-style-type: none"> • Lichen scrofulosorum and lichen nitidus
November 2012	<p>A male patient 65-year-old presented with multiple asymptomatic indurated firm nodules and plaques with a yellow hue in periorbital region. Other associated features include paraproteinaemia, hepatomegaly and IgG monoclonal gammopathy. The case is suspected to be necrobiotic xanthogranuloma.</p> <ol style="list-style-type: none"> What is the pathogenesis? What is the histopathology of necrobiotic xanthogranuloma? What are the possible lines of treatment? <p>The WHO recommendations in treatment of leprosy</p>
April 2012	<p>Compare clinically and histopathologically between:</p> <ul style="list-style-type: none"> • Erythema nodosum vs. erythema induratum <p>A 45 years old female presented with papulo-nodules and plaques affecting the nose, ear and cheeks of 6 months duration. There were cystic lesions of distal phalanges. The histopathology of skin biopsy is an epithelioid granuloma.</p> <ol style="list-style-type: none"> What's your diagnosis? What are the investigations for such case? How can you treat this patient? <p>Immune response to mycobacterium leprae determines not only whether the disease will develop but also which type of leprosy. According to this statement, discuss</p> <ol style="list-style-type: none"> The immunology and serology of leprosy Treatment of lepra reactions
November 2011	<p>A 25 years old male presented with multiple dusky-red papulo-nodular lesions on his face. Biopsy revealed granulomatous inflammation.</p> <ol style="list-style-type: none"> Mention 4 differential diagnoses. Describe the type of granuloma and treatment option in each case

APRIL 2011	<p>A 35-year-old lady presented with asymptomatic persistent skin lesions on the face of 8 months duration. The lesions were reddish brown in color with telangiectatic surface. Histopathology revealed non-caseating epithelioid granulomas.</p> <ul style="list-style-type: none">a) What is your diagnosis?b) What are other varieties of the disease?c) Give the treatment options of this case.
November 2010	<p>Compare between the following diseases:</p> <ul style="list-style-type: none">• Type 1 and type 2 lepra reactions <p>What is the first line systemic therapy for the following diseases with reference to drug doses, side effects and pre-drug investigations:</p> <ul style="list-style-type: none">• Tuberculoid leprosy <p>Eye is involved in the following diseases. Mention the eye manifestations in each one:</p> <ul style="list-style-type: none">• Sarcoidosis <p>Orificial tuberculosis affects orifices in tuberculous patients.</p> <ul style="list-style-type: none">a) What is the clinical differential diagnosis of this case?b) What are the confirmatory investigations?c) How can you treat this case?

Written exam questions - Master degree - Metabolic disorders

Dr Ahmad Kamel

Nov. 2013	<p>A 35 years old female patient complained from erythematous reticulated plaques and patches of 3 months duration after intense sun exposure affecting the midline of the chest in front of the sternum. Patient noticed exacerbation of the lesion with menses. Serological tests for lupus erythematosus are negative.</p> <ol style="list-style-type: none"> What is your diagnosis? What is the characteristic histopathology of this condition? What is your management? What is the regional differential diagnosis of other skin lesions affecting the skin in front of the sternum? <p>A 48 years old male complained from skin lesions in the form of scattered vesicles, erosions, crustation and scattered milia on the dorsum of both hands of 1.5 years duration. Lesions are increasing on exposure to the sun. Patient drinks alcohol.</p> <ol style="list-style-type: none"> What is your diagnosis? Mention the pathogenesis for this condition? What is your management?
Nov. 2012	<p>A mother noticed pink staining of the nappies of her neonate during phototherapy for his neonatal jaundice. The neonate develops vesicles and bullae which heal leaving mutilating scars. There was positive consanguinity between his parents.</p> <ol style="list-style-type: none"> What is the provisional diagnosis? How do you confirm the diagnosis? What is the cause of this disease? What is the treatment of this disease?
4 / 2012	Mention the major diagnostic clinical criteria of the following: Lichen amyloidosis
Nov. 2011	<p>Mention the defect in the following diseases:</p> <ol style="list-style-type: none"> Congenital erythropoietic porphyria Familial hypercholesterolaemia Acrodermatitis enteropathica <p>A 25 years old female in emergency room presented with scarring, blisters over the dorsum of both hands associated with recurrent severe abdominal pain, vomiting and constipation.</p> <ol style="list-style-type: none"> What are the possible causes and how to reach the diagnosis? How to manage this condition?
APRIL 2011	<p>Mention the defect in the following diseases:</p> <ol style="list-style-type: none"> Acrodermatitis enteropathica Phenylketonuria Porphyria cutanea tarda Alkaptonuria <p>Compare clinically and therapeutically between the following:</p> <ol style="list-style-type: none"> Porphyria cutanea tarda vs. pseudoporphyria
Nov. 2010	<p>A 38 years old man presented with a 10 week history of sudden onset of non-pruritic eruption on his face, trunk and proximal extremities. On examination, the affected areas showed multiple discrete 2-4 mm yellow-orange papules. Histologically revealed normal epidermis and papillary dermis, aggregates of plump lipid-laden histiocytic cells in reticular dermis.</p> <ol style="list-style-type: none"> What is the diagnosis of this case? Your clinical differential diagnosis. Mention the other clinical varieties of this disease.

Papulosquamous & Lichenoid Dermatoses / Written exams questions
Dr Ahmad Kamel

Nov. 2014

- **Methotrexate is commonly used in treatment of different skin diseases.** Write its mode of action, indications, contraindications, side effects (7)
- **LP is an inflammatory disease affecting skin, mucous membranes, scalp and nails.** Review its histopathological picture, clinical variants and relation to viral infection in short (7)

April 2014

- Mention the clinical and histopathological criteria of the following diseases:
 - Plaque psoriasis (4)
- Compare between:
 - Lichen planus and lichenoid drug eruption (5)
- What are the indication, contraindication and pre-treatment screening of the following medications:
 - Methotrexate (5)
 - Cyclosporine (5)
 - Isotretinoin (5)

Nov. 2013

- Give short account for:
 - Indications for isotretinoin in dermatology (4)
 - Reverse Koebner phenomenon (4)
- Compare between:
 - Lichen planus and lichenoid eruption (5)
- What are the important nail changes in the following skin diseases
 - Lichen planus (2)
- Mention the major diagnostic clinical criteria for the following:
 - Oral lichen planus (4)

April 2013

- Discuss the diagnostic criteria for:
 - Malignant acanthosis nigricans (8)
- Compare between:
 - Lichen scrofulosorum and lichen nitidus (4)
- A 50 years old female presented with generalized pustular psoriasis
 - What are the clinical types of pustular psoriasis (3)
 - What are the histopathological features (3)
 - What are the life-threatening complications (3)
 - Give the possible treatment options (3)

Nov.2012

- Compare
 - Acute generalized exanthematous pustulosis versus Acute generalized pustular psoriasis

April 2012

- Compare clinically and histopathologically between:
 - Bullous lichen planus and lichen planus pemphigoides (5)

Nov. 2011

- A 35 years old pregnant female presented with scaly plaques and pustules coalescing into lakes of pus affecting flexors, groins and trunk. The rash is associated with fever, nausea, vomiting and diarrhea.
 - a) What is your diagnosis (1)
 - b) What is the histopathological feature of this condition (4)
 - c) Give the differential diagnosis (4)
 - d) What is the outcome of this condition on the fetus and mother (4)
 - e) What is the management of this condition (4)
- What are the important laboratory monitoring guidelines for treatment with:
 - Cyclosporine (4)
 - Methotrexate (4)
- Give the common nail finding in the following diseases:
 - Lichen planus (2)

April 2011

- What are the most important nail changes in the following diseases:
 - Psoriasis (2)
 - Lichen planus (2)
- Compare clinically and therapeutically between the following
 - Lichen planus and lichen striatus (3)

Nov. 2010

- What is the first line systemic therapy for the following diseases (with reference to drug doses, side effects and pre-drug investigations):
 - Nodulo-cystic acne (5)
 - Erythrodermic psoriasis (5)

Written exam questions - Master degree

Tumors part 1

(Mastocytosis, porokeratosis, lymphomas, melanocytic, vascular, cysts, epidermal)

Dr Ahmad Kamel, MD

May 2015	<p>Female patient 45 years old presented with asymptomatic multiple rounded well-defined raised edge dry plaques on face of 1 year duration. Skin biopsy shows area of hyperkeratosis, column of parakeratosis, hypogranulosis, dyskeratotic cells, area of spongiosis and upper dermal inflammatory infiltrate</p> <p>a) What is the diagnosis and differential diagnosis of this case b) Mention other types of this disease c) How to manage this case (10 marks)</p> <p>Enumerate each of the following items:</p> <ul style="list-style-type: none"> • premalignant skin lesions (5 marks) • painful skin tumors (5 marks) <p>Describe the histopathological features for the following diseases:</p> <ul style="list-style-type: none"> • mycosis fungoides (3 marks)
November 2014	<p>Mycosis fungoides is a malignant neoplasm of T-lymphocyte origin – mention its clinical stages, histopathological features of each stage in short (7 marks).</p> <p>Milia is an epithelial cyst – define its clinical types, histopathological features and treatment (7 marks).</p> <p>Peutz-Jeghers syndrome is classified among disturbances of pigmentation. Mention its mode of transmission, clinical features and possible future complications (10 marks).</p>
April 2014	<p>A 73 years old male patient complaining of asymptomatic skin lesions affecting the lower part of the left leg of 6 months duration. On examination, the lesions are multiple violaceous compressible papules and nodules. The course is slowly progressive.</p> <p>a) What is your diagnosis? b) Mention the other clinical varieties of this disease? c) What are the histopathological criteria of this disease? d) What is your management?</p> <p>Mention the clinical and histopathological criteria of the following diseases:</p> <p>a) Bowen's disease. b) Patch of mycosis fungoides.</p> <p>Compare between:</p> <p>a) Freckles and lentigens</p>
November 2013	<p>Give short account</p> <p>a) Sturge-Weber disease b) Phakomatosis</p> <p>A 67 years old female presented with itchy persistent erythematous well-demarcated indurated plaque affecting the perineum of 1 year duration. The patient received many topical treatments without benefit. Histopathology was done and revealed the presence of intra-epidermal large round pale-staining cells with large nuclei with ample cytoplasm. Cells may be present singly or in nests.</p> <p>a) What is your diagnosis? b) What are the possible differential diagnoses for this case?</p>

	<p>c) Mention the possible underlying malignancy associated with this case?</p> <p>d) How can you manage this case?</p>
April 2012	<p>Porokeratosis refers to a set of genetically-determined disorders of keratinization.</p> <p>a) Describe the clinical forms of the disease</p> <p>b) Describe the histopathological findings</p> <p>c) How can you treat it</p> <p>Mention the major diagnostic clinical criteria of the following:</p> <p>a) Bowen's disease</p> <p>b) Paget's disease</p>
November 2011	<p>A male patient 65 years old presented with skin lesions of 2 years duration diagnosed as lymphomatoid papulosis.</p> <p>a) What is the nature of this disease?</p> <p>b) What are the histopathological features of this condition?</p> <p>c) Describe the clinical picture of this disease?</p> <p>d) How to manage such condition?</p> <p>Mention the defect in the following diseases:</p> <p>a) Angiokeratoma corporis diffusum</p>
APRIL 2011	<p>A 53 years old female presented with single pruritic marginated crusted lesion affecting right nipple of 8 months duration. Histological examination revealed thickened epidermis with atypical round cells in cluster pattern.</p> <p>a) What is your diagnosis?</p> <p>b) What is the clinical differential diagnosis?</p> <p>c) What is the other clinical variety of this disease?</p> <p>d) How would you manage this case?</p> <p>Mention the defect in the following diseases:</p> <p>a) Fabry's disease</p>
November 2010	<p>A 19-month old boy presented with large multiple pigmented patches affecting trunk in symmetrical distribution. There was history of pruritus and urticarial rash.</p> <p>a) What is the provisional diagnosis and aetiopathogenesis of this condition?</p> <p>b) What are the possible investigations to confirm your diagnosis?</p> <p>c) How would you manage this case?</p> <p>Compare between the following diseases:</p> <p>a) Kaposi and pseudo-kaposi</p> <p>A 10 years old female child presented with persistent hypopigmented patches of 6 months duration covering about 10% of the body surface area. The lesions were pruritic and the histopathological study showed atypical lymphocytes in the epidermis.</p> <p>a) What is the diagnosis?</p> <p>b) What is the clinical differential diagnosis?</p> <p>c) Mention the other clinical types of the disease.</p> <p>d) Enumerate the different treatment lines of this case.</p>

Written exam questions - Master degree

Tumors part 2

(Histiocytoses, Adnexal tumors, Fibrous tumors, NMSC “SCC & BCC”)

Dr Ahmad Kamel

November 2014	BCC is a locally-malignant tumor – describe its histopathological features. Enumerate the other clinical and histopathological variants.
April 2014	Compare between: <ul style="list-style-type: none">• Hypertrophic scar and keloid (5)
November 2013	Mention the major diagnostic clinical criteria for the following: <ul style="list-style-type: none">• Dermatofibrosarcoma protuberans (4)
April 2013	Compare between: <ul style="list-style-type: none">• Dermatofibroma and Dermatofibrosarcoma protuberans (4)
November 2011	Give the major diagnostic clinical criteria for the following diseases: <ul style="list-style-type: none">• Basal cell nevus syndrome (2) Compare between: <ul style="list-style-type: none">• Dermatofibroma versus Dermatofibrosarcoma protuberans (4)
November 2010	A 42 years old woman was diagnose as suffering from multicentric reticulohistiocytosis. <ul style="list-style-type: none">a) What is the expected clinical and microscopic picture in such a case (10)b) What is the clinical differential diagnosis and prognosis for this case (10)

Written exam questions
Master degree
Vasculitis, neutrophilic and eosinophilic dermatoses
Dr Ahmad Kamel

May 2015	Mention the clinical diagnostic criteria of the following: Behcet's disease. Give short account on the following: clinical features of Sweet syndrome.
November 2014	Mention the major and minor diagnostic of Behcet's disease and its management.
April 2014	Enumerate the major and minor criteria for the diagnosis of Behcet's syndrome
November 2013	A 42 years old female complaining from persistent painful rather than pruritic wheal-like lesions distributed all over the body. a) What is your diagnosis? b) What are the associated internal diseases? c) What are the available treatment for this case?
April 2013	Pyoderma gangrenosum often occurs in patient who have other diseases, but is not a manifestation or complication of these diseases. a) Mention the clinical types and consider the associated diseases. b) Therapeutic options
November 2012	What is the specific test(s) to confirm the diagnosis of each of the following a) Wegner's granulomatosis b) Henoch-Schonlein purpura c) Cryoglobulinemic vasculitis
November 2011	Give the major diagnostic criteria of the following diseases: a) Behcet's disease b) Henoch-Schonlein purpura
April 2011	A middle-aged woman suffering from painful plum-colored edematous nodules and plaques on the upper limbs, neck and face together with fever, malaise, arthralgia and conjunctivitis. There was a preceding upper respiratory infection. Lab investigation revealed elevated ESR and neutrophilia. a) What's your diagnosis? How would you confirm it? b) Give the differential diagnosis and mention the possible associations. c) What are the treatment options?
November 2010	Mention the eye manifestations in • Behcet's syndrome?

Written exam questions - Master degree - AI-CTDs - Dr Ahmad Kamel, MD

May 2015	Mention the clinical diagnostic criteria of the following: Systemic lupus erythematosus (3)
Nov. 2014	LE is a connective tissue disease. Mention the subtypes of DLE, management. (7) Compare in tables between the following: <ul style="list-style-type: none"> • Scleroderma and pseudo-scleroderma (3.5)
April 2014	Mention the clinical and histopathological criteria of the following diseases: <ul style="list-style-type: none"> • Discoid lupus erythematosus (4) Enumerate the major and minor criteria for the diagnosis of <ul style="list-style-type: none"> • Systemic lupus erythematosus (6)
Nov. 2013	What are the important nail changes in the following skin diseases: <ul style="list-style-type: none"> • Dermatomyositis (2) Mixed connective tissue disease (MCTD) is considered as an overlap or mix of three diseases. <ul style="list-style-type: none"> • What is the pathophysiology of MCTD (10) • What is the management of MCTD (10)
April 2013	Discuss the diagnostic criteria for: Systemic sclerosis (SSc) (8) Compare between: Scleroderma and pseudo-scleroderma (4)
Nov. 2012	What is the specific test(s) to confirm the diagnosis of each of the following <ul style="list-style-type: none"> • Systemic lupus erythematosus (4) Write short notes on: <ul style="list-style-type: none"> • Clinical variants of DLE (5) • Cutaneous manifestations of antiphospholipid syndrome (5) ** what are the characteristic cutaneous manifestations of dermatomyositis (8)
April 2012	Mention the major diagnostic clinical criteria of the following: <ul style="list-style-type: none"> • Subacute lupus erythematosus (2) Systemic sclerosis is a disorder of connective tissue disease that is characterized by fibrotic arteriosclerosis of peripheral and visceral vasculature. Discuss: <ol style="list-style-type: none"> a) Its aetiopathogenesis (3) b) Autoantibodies encountered in such disorder (4) c) What is the differential diagnosis of sclerodermoid conditions (3)
Nov. 2011	Give the major diagnostic criteria of the following diseases: <ul style="list-style-type: none"> • Mixed connective tissue disease (2)
April 2011	CREST syndrome is a limited form of scleroderma. Give an account on: <ol style="list-style-type: none"> a) Aetiopathogenesis and diagnosis of this disorder (6) b) Therapeutic options of cutaneous changes (6) What are the most important nail changes in the following diseases? <ul style="list-style-type: none"> • Lupus erythematosus (2)
Nov. 2010	Dermatomyositis is a major health problem. <ol style="list-style-type: none"> a) Describe the cutaneous manifestations (5) b) What are the investigations required to diagnose and monitor this condition (5) c) How to treat this condition (all possible lines of treatment) (5) What is the first line systemic therapy for the following diseases (with reference to drug doses, side effects and pre-drug investigations)? <ul style="list-style-type: none"> • Discoid lupus erythrmatosus (5)

Bullous diseases (immune-bullous & genetic bullous)

Written exams questions

Dr Ahmad Kamel

November 2014	<ul style="list-style-type: none"> ✳ Write the target antigens in immunobullous disorders (7) ✳ DH is a chronic blistering disease. Define it, mention briefly its clinical, histopathological, DIF features, its associated disorders and treatment (10) ✳ Darier's disease is a genodermatosis. Mention in short mode of transmission. Clinical and histopathological features and its treatment (10)
April 2014	<ul style="list-style-type: none"> ✳ Give a short account on: steroid pulse therapy (4) ✳ Compare between: <ul style="list-style-type: none"> ○ linear IgA bullous dermatosis & bullous pemphigoid (5)
November 2013	<ul style="list-style-type: none"> ✳ What are the important nail changes in the following skin diseases? <ul style="list-style-type: none"> ○ Epidermolysis bullosa dystrophica
April 2013	<ul style="list-style-type: none"> ✳ Basement membranes are specialized structures located between different cell types. On this statement mention: <ul style="list-style-type: none"> ○ The functions of the basement membranes ○ The representative ultra-structural sub-regions of the basement membrane zone ✳ A 30 years old male patient complaining of malodourous skin lesions with mild itching. The condition started 10 years ago without remission and worsens in summer. On examination, the lesions are multiple keratotic and crusted brownish papules and plaques favour seborrheic areas involving the trunk, the face and the lateral aspects of the neck with palmoplantar affection. Cobblestone papules on the palate are present. <ul style="list-style-type: none"> ○ What is your provisional diagnosis and pathogenesis of this condition ○ What are the histopathological criteria ○ What are the lines of treatment ✳ Discuss the diagnostic criteria for: Epidermolysis bullosa acquisita (EBA)
November 2012	<ul style="list-style-type: none"> ✳ Compare: Pemphigus vulgaris vs. paraneoplastic pemphigus ✳ IgA deposits can be seen in different sites of skin by direct immunofluorescence in some skin diseases. What are these diseases? And what are the sites of IgA deposition in each
April 2012	<ul style="list-style-type: none"> ✳ Compare clinically and histologically between: <ul style="list-style-type: none"> ○ Darier's disease vs. epidermodysplasia verruciformis ✳ Mention the major diagnostic clinical criteria of the following: <ul style="list-style-type: none"> ○ Senear-Usher syndrome ○ Epidermolysis bullosa acquisita ✳ Pemphigus vulgaris is an immunobullous disease characterized by mucosal and cutaneous lesions <ul style="list-style-type: none"> ○ Describe the structure of desmosome ○ What are the basic principles of desmoglein compensation theory ○ Apply this theory to explain the pathogenesis of cutaneous lesions in muco-cutaneous pemphigus vulgaris ○ What are the side effects of azathioprine
November 2011	<ul style="list-style-type: none"> ✳ Mention the defect in the following diseases: Junctional epidermolysis bullosa

Written and MCQ questions Dermatology, Master degree
Ahmad Kamel, MD

	<ul style="list-style-type: none"> ✳ A 40 years old female presented with recurrent blistering eruption with erosions affecting skin, eyes and oral mucosa. The lesions healed with scar formation. The patient was suspected to have mucous membrane pemphigoid. <ul style="list-style-type: none"> ○ How to confirm the diagnosis? ○ What is the aetiopathogenesis of this condition? ○ What's the differential diagnosis? ○ What is the treatment of this disease? ✳ Give the common nail finding in the following diseases: <ul style="list-style-type: none"> ○ Darier's disease
April 2011	<ul style="list-style-type: none"> ✳ Dermatitis herpetiformis is a skin disorder associated with gluten-sensitive enteropathy. <ul style="list-style-type: none"> ○ What is the aetiopathogenesis of this disorder? ○ Give the clinical picture and the differential diagnosis? ○ What are the treatment options of this condition? ✳ What are the most important nail changes in the following diseases: <ul style="list-style-type: none"> ○ Darier's disease ○ Epidermolysis bullosa dystrophica
November 2010	<ul style="list-style-type: none"> ✳ Compare between the following diseases: <ul style="list-style-type: none"> ○ Bullous pemphigoid and epidermolysis bullosa acquisita

Fungal skin diseases / Written exams questions
Dr Ahmad Kamel

Nov. 2013

- Compare between:
 - Pityriasis versicolor and epidermodysplasia verruciformis (5)

April 2013

- Compare between:
 - Intertriginous candidiasis and acrodermatitis enteropathica (4)
- **Candida albicans is considered as one of different causes of oral white lesions. Mention:**
 - The other different causes of oral white lesions (5)
 - Different clinical manifestations of oral candidiasis (5)
 - Laboratory investigations for identification of candida albicans infections (5)

April 2012

- **Dermatophytes are not endogenous pathogens. Its transmission to humans occurs via different ways.**
 - Explain this statement (4)
 - What are the different forms of hair invasion by dermatophytes (5)
 - Describe the different mycological diagnostic tests for superficial fungal infection (5)

Nov. 2011

- **Malassezia species are yeast-like fungi that are responsible for different dermatological conditions**
 - Explain this statement (5)
 - What are the different diagnostic procedures for this condition (5)
 - Write different therapeutic modalities for each condition (5)
- Compare between:
 - White superficial onychomycosis and disto-lateral onychomycosis (4)

April 2011

- **The most common variant of onychomycosis is the disto-lateral one:**
 - How would you verify the diagnosis (5)
 - What are the different systemic treatments (with reference to dose and side effects) (5)
- Compare clinically and therapeutically between the following
 - Epidermodysplasia verruciformis and pityriasis versicolor (3)

Nov. 2010

- Compare between:
 - Black piedra and white piedra (5)

AI-CTDs
Assessment Quiz
Dr Ahmad Kamel

MCQs

(1) Each of the following is true about antibodies in connective tissue diseases except

- a) the total amount of antibodies in a patient's serum is usually indicated by the titer
- b) the specificity of each of the antibodies varies
- c) antibodies are not found in healthy persons.
- d) the total amount of antibodies is larger in patients with connective tissue diseases compared with others
- e) each connective tissue disease has a unique profile of antibodies

(2) HEp-2 cells, used by many laboratories as a substrate for ANA testing, are obtained from

- a) mouse kidney
- b) rat liver
- c) hybridomas
- d) rat bladder
- e) cultured human cells.

(3) Calcinosis cutis is an indicator of good prognosis of:

- a) Childhood dermatomyositis.
- b) Adult dermatomyositis
- c) SLE
- d) Scleroderma

(4) Pseudo-scleroderma occurs in all of the following except:

- a) porphyria cutanea tarda
- b) primary systemic amyloidosis
- c) scleromyxoedema
- d) Fabry syndrome.

(5) Cutaneous manifestations of antiphospholipid antibody syndrome include each of the following except

- | | |
|-----------------------|----------------|
| a) livedo reticularis | d) calcinosis. |
| b) ulcers | e) necrosis |
| c) purpura | |

(6) A 35-year-old female presented with a 3-year history of a red well-demarcated plaque on her nose. The lesion shows hyperpigmented margin and some central atrophy with exacerbation in summer. There is an associated scalp scarring alopecia. The most probable diagnosis:

- a) Lichen planopilaris
- b) Darier's disease
- c) Discoid lupus erythematosus.
- d) Lupus vulgaris
- e) None of the above

(7) Regarding antiphospholipid antibodies, which of the following statements is true?

- a) The sensitivity of the ELISA is low
- b) These antibodies are not related to false-positive VDRL
- c) They are associated with a bleeding diathesis
- d) In vitro these antibodies delay the coagulation pathway.
- e) These antibodies are directed against positively charged phospholipids

(8) Which is wrong concerning lupus band test?

- a) Test done on a sample of skin biopsy using direct immunofluorescence staining
- b) It demonstrates a band of localized immunoglobulins at the dermal-epidermal junction in the skin of patients with lupus vulgaris.
- c) In systemic affection, it is usually positive in both the lesions and the part that doesn't have the lesions
- d) In case of cutaneous lupus, the test is positive only in the skin lesion
- e) Sensitive and specific diagnostic test and has a prognostic value for a patient with an established diagnosis

Match

(9) Drug-induced SLE (10) Dermatomyositis	a) Anti-Jo-1 antibodies b) Anti-Ro(SS-A) antibodies c) Anti-Scl-70 antibodies d) nRNP antibodies e) Antihistone antibodies
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Fungal Infections
Assessment Quiz
Dr Ahmad Kamel

MCQs

- (1) Which of the following statement is true for mycetoma**
- a) Is a granulomatous infection of dermal and subcutaneous tissue
 - b) May extend to the bone
 - c) Caused by actinomyces or fungi
 - d) All the above.
 - e) None of the above
- (2) Which of the following statements is true for infection with M canis**
- a) Zoophilic fungi
 - b) Associated with pet exposure
 - c) Acute infection with pustules and vesicles
 - d) All the above.
 - e) None of the above
- (3) Which of the following statements is true for the kerion?**
- a) Is exaggerated host response against fungal infection.
 - b) Clinically presents as a patch of alopecia with scales
 - c) Can be treated surgically
 - d) All the above
 - e) None of the above
- (4) In skin scrapping for diagnosis of fungus infection, we put KOH on the scrapping:**
- a) To dissolve the fungus
 - b) To dissolve the keratin.
 - c) To dissolve the debris
 - d) Non of the above
- (5) Favus is caused by:**
- a) T violaceum
 - b) T tonsuranse
 - c) T rubrum
 - d) T schoenleini.

(6) The best concentration of KOH preparation is:

- a) 5%
- b) 10%
- c) 40%
- d) 20%.

(7) Malassezia species can attack:

- a) Hair shafts
- b) Nails
- c) Mucous membrane
- d) Non of the above.

(8) Exophiala Werneckii is the causative agent of:

- a) White piedra
- b) Black piedra
- c) Tinea nigra.
- d) Non of the above

(9) The observed hyphae and air spaces within the hair shaft in KOH preparation is characteristic for:

- a) T. violaceum
- b) M. canis
- c) T. schoenleini.
- d) T. tonsurans

(10) Ectothrix tinea capitis is commonly caused by

- a) M canis.
- b) T tonsurans
- c) T soudanense
- d) E floccosum
- e) T rubrum

**Genodermatoses
Assessment Quiz
*Dr Ahmad Kamel***

MCQs

(1) Corneocyte is:

- a) Non viable but functioning.
- b) Viable but non functioning
- c) Non viable & non functioning
- d) Viable & functioning

(2) The function of Odland bodies is the synthesis of:

- a) Filaggrin
- b) Involucrin
- c) Lipids.
- d) Integrins

(3) Incontinentia pigmenti skin biopsy is helpful in:

- a) Vesicular stage.
- b) Verrucous stage
- c) Pigmentation stage
- d) Atrophic stage

(4) Which of the following internal malignancies is most associated with acquired ichthyosis?

- a) Gastric cancer
- b) Hodgkin's lymphoma.
- c) Breast cancer
- d) Lung cancer

(5) Shagreen patch of tuberous sclerosis is a variety of:

- a) Elastic nevi
- b) Collagen nevi.
- c) Glycosaminoglycan nevi
- d) Non of the above

(6) The earliest visible sign of tuberous sclerosis is the:

- a) Shagareen patch
- b) Subungual fibroma
- c) Facial angiofibroma
- d) Large amelanotic spot (Fitzpatrick patch).

(7) Specific cutaneous lesions and mental deficiency occur in:

- a) Tuberous sclerosis
- b) Darier's disease
- c) Phenylketonuria
- d) All the above.
- e) None of the above

(8) Refsum syndrome is characterized by the following except:

- a) Congenital hemidystrophy.
- b) Peripheral neuropathies
- c) Cerebellar ataxia
- d) Ichthyosis vulgaris like lesions

(9) Defect in the DNA repair of the epidermal keratiocytes will result in:

- a) Skin cancer
- b) Epidermolysis bullosa simplex
- c) Epidermolytic hyperkeratosis
- d) Xeroderma pigmentosa.

(10) All of the following can be seen in patients with tuberous sclerosis EXCEPT:

- a) Retinal phacomias
- b) Oral leukoplakia.
- c) Mental deficiency
- d) Cardiac rhabdomyomas

Granulomas (infectious & non- infectious)
Assessment Quiz
Dr Ahmad Kamel

MCQs

- (1) Which of the following statement is true, Tuberculoid leprosy:**
- a) Shows a very weak type IV hypersensitivity reaction to lepromin
 - b) Is due to Mycobacterium tuberculosis
 - c) Shows many bacilli in the skin smears
 - d) Usually presents with an anaesthetic hypopigmented macule.
 - e) Is associated with hypertrichosis at the site of lesion
- (2) The treatment of choice for erythema nodosum leprosum is:**
- a) Thalidomide.
 - b) Prednisone
 - c) Dapsone
 - d) Cyclosporine
- (3) Verhoeff-van Geison stain used for:**
- a) Collagen
 - b) Elastic fiber.
 - c) Reticulum fiber
 - d) All the above
 - e) None of the above
- (4) Naked tubercle is found in:**
- a) Tuberculosis
 - b) Sarcoidosis.
 - c) Leprometous leprosy
 - d) All the above
 - e) None of the above
- (5) Lepra bacilli are stained by:**
- a) Silver stain
 - b) Fite stain.
 - c) PAS stain
 - d) All the above
 - e) None of the above

(6) Lofgren's syndrome associations are except

- a) Erythema nodosum
- b) Iritis
- c) Fever
- d) Parotid enlargement.

(7) All of the following are forms of cutaneous tuberculosis EXCEPT:

- a) Lupus miliaris disseminatus faciei.
- b) Lichen scrofulosorum
- c) Lupus vulgaris
- d) Scrofuloderma

(8) Which of the following is a reliable diagnostic criterion for tuberculosis?

- a) The histopathological changes
- b) A positive reaction to tuberculin
- c) Identification of the organism by PCR.
- d) The presence of acid-fast bacilli in the lesion

(9) Asteroid and Schuman bodies are found in:

- a) Lupus vulgaris
- b) Sarcoidosis.
- c) Lupus erythematosus
- d) Lichen sclerosus et atrophicus

(10) A 55 year old woman presents with a non-pruritic rash that had developed over the last two months. Examination revealed several, circular, erythematous, raised, smooth-surfaced lesions of variable size from 1 – 5 cms in diameter on the elbows, extensor aspects of the forearms and knuckles. What is the most likely diagnosis?

- a) Eczema
- b) Granuloma annulare.
- c) Psoriasis
- d) Tinea corporis
- e) Urticaria

Metabolic disorders
Assessment Quiz
Dr Ahmad Kamel

MCQs

- (1) The treatment for acrodermatitis enteropathica is:**
- a) Zinc supplementation.
 - b) Iron supplementation
 - c) Vitamin B1 supplementation
 - d) Vitamin B12 supplementation
 - e) Phlebotomy
- (2) Regarding eruptive xanthomata, which of the following is TRUE?**
- a) They are associated with type II and III hyperlipidemias
 - b) They are associated with calcium channel blockers
 - c) There is no association with ethanol consumption
 - d) They are associated with type I, IV, and V hyperlipidemias.
 - e) They favor the flexor surfaces of the extremities
- (3) Eyelid “string of pearls” is seen in which of the following conditions?**
- a) Focal dermal hypoplasia
 - b) Lipoid proteinosis.
 - c) Hutchinson-Gilford syndrome
 - d) Beare-Stevenson cutis gyrata syndrome
 - e) Gaucher’s disease
- (4) Scleredema**
- a) Lymphadenopathy, cutaneous infiltration of old scars and cor pulmonale
 - b) May present with pruritus, lymphadenopathy is common in advanced cases, lymphomatous involvement of the viscera may occur
 - c) Previous streptococcal infection or DM, Erythema and induration of the neck / back.
 - d) Raynaud's phenomenon, calcinosis
 - e) Poikiloderma on the cheeks, photosensitivity
- (5) Amyloid deposits are stained with all of the following EXCEPT:**
- a) Congo red
 - b) Crystal violet
 - c) Methyl violet
 - d) Geimsa.

Papulosquamous & Lichenoid Dermatoses
Assessment Quiz
Dr Ahmad Kamel

MCQs

- (1) Langerhans' cells can be visualized when stained by:**
- a) Hematoxylin and eosin
 - b) Periodic acid-Schiff
 - c) Gold chloride.
 - d) Masson's trichrome
- (2) Kogoj's spongiform pustule is present in:**
- a) pustular psoriasis
 - b) chronic mucocutaneous candidiasis
 - c) geographic tongue
 - d) all the above.
 - e) none of the above
- (3) Wedge shaped hyper-granulosis is present in**
- a) Psoriasis
 - b) lichen nitidus
 - c) lichen planus.
 - d) all the above
 - e) none of the above
- (4) The most characteristic histologic feature for pityriasis rubra pilaris is**
- a) Alternating hyper- and parakeratosis in both vertical and horizontal direction.
 - b) Parakeratosis at the lips of follicular openings
 - c) Dilated follicular infundibula filled with keratin
 - d) Focal hypergranulosis
- (5) Which statement about vacuolar degeneration of the basal layer of the epidermis is FALSE?**
- a) It occurs in lupus erythematosus, lichen sclerosus and poikiloderma atrophicans vasculare
 - b) It is a distinctive feature in lichen planus and acute dermatitis.
 - c) It may lead to pigment incontinence
 - d) It may lead to formation of bullae

(6) The main excretion of methotrexate is through:

- a) Gastrointestinal tract
- b) Kidneys.
- c) Liver
- d) Skin

(7) The treatment of choice for generalized pustular psoriasis is:

- a) PUVA
- b) Methotrexate
- c) Oral retinoids.
- d) Cyclosporine

(8) The following conditions show increased keratinocyte apoptosis EXCEPT:

- a) Sun burn
- b) Psoriasis.
- c) Toxic epidermal necrolysis
- d) Graft-versus-host disease

(9) All of the following statements are true about psoriasis EXCEPT:

- a) A prototypic of Th1 disorder
- b) IL 10 is over-expressed.
- c) IL 23 is produced by dendritic cells
- d) IFN γ and IL 2 are overexpressed

(10) The powerful complement attractant for neutrophil is:

- a) C5a.
- b) C4a
- c) C3a
- d) b and c

Tumors part 1
(Mastocytosis, lymphomas, melanocytic, vascular, cysts, porokeratosis, epidermal)
Assessment Quiz
Dr Ahmad Kamel

MCQs

- (1) Which of the following statement is false, Seborrhoeic keratosis**
- a) Arise from sebaceous glands.
 - b) Common in people over 50 yrs
 - c) Found mostly on trunk and temples
 - d) Eruptive lesions may be associated with adeno-carcinoma of the stomach
 - e) Can be confused with early lentigo maligna
- (2) Epidermotropic lymphocytes in cases of mycosis fungoides are:**
- a) CD3+, CD4+, CD7-, CD8-
 - b) CD3+, CD4-, CD7-, CD8+
 - c) CD3-, CD4-, CD7+, CD8-
 - d) CD3+, CD4+, CD7+, CD8-
- (3) All of the following are cutaneous T-cell lymphomas EXCEPT:**
- a) Pagetoid reticulosis
 - b) Follicle center cell lymphoma.
 - c) Lymphomatoid papulosis
 - d) Sezary syndrome
- (4) Dermatitis papulosa nigra are:**
- a) Seborrheic keratoses.
 - b) Warts
 - c) Melanocytic nevi
 - d) Skin tags
- (5) Pautrier's microabscesses are seen in**
- a) Lupus vulgaris
 - b) Pustular psoriasis
 - c) Paget's disease
 - d) Mycosis fungoides.
 - e) B-cell lymphoma

(6) Phakomatosis – inherited disorders of

- a) Skin, mucous membranes, brain
- b) Skin, mucous membranes, retina
- c) Skin, retina, brain.
- d) Skin, brain
- e) Skin, retina

(7) Pre-malignant lesions include the following except:

- a) Arsenic keratosis
- b) Seborrheic keratosis.
- c) Bowe's disease
- d) Naevus sebaceous
- e) Actinic keratosis

(8) Porokeratosis

- a) Punctuate keratoderma of the palmar crease
- b) Benign keratotic disorder of apocrine gland pores
- c) Pitted keratolysis due to a superficial cutaneous bacterial infection
- d) Cornification of pilosebaceous orifices induced by androgens
- e) Non of the above.

(9) Which is wrong for this statement- angiokeratoma may be classified as

- a) Verrucous hemangioma.
- b) Angiokeratoma of Mibelli
- c) Angiokeratoma of Fordyce
- d) Angiokeratoma circumscriptum
- e) Fabry's syndrome

(10) Vogt-Koyanagi-Harada syndrome comprises the the following except:

- a) Bilateral uveitis
- b) Vitiligo, alopecia, poliosis
- c) Dysacusia
- d) Intestinal polyposis.
- e) Neurologic signs

Tumors part 2
(Histiocytoses, Adnexal tumors, Fibrous tumors, NMSC “SCC & BCC”)
Assessment Quiz
Dr Ahmad Kamel

MCQs

- (1) The most reliable method to identify the human Langerhans cells is**
- a) CD1a.
 - b) CD45
 - c) CD11
 - d) CD29
 - e) Non of the above
- (2) Multiple benign sebaceous tumors and visceral malignancies are components of:**
- a) Gorlin's syndrome
 - b) Birt-Hogg-Dube syndrome
 - c) Muir-Torre syndrome.
 - d) Bazex syndrome
- (3) The nature of fibrous papule of the nose is:**
- a) Viral infection
 - b) Fibroma
 - c) Angiofibroma.
 - d) Mechanical injury
- (4) All of the following are granulomas with foamy histiocytes EXCEPT**
- a) Tuberculoid leprosy.
 - b) Reticulohistiocytoma
 - c) Histiocytoma
 - d) Lepromatous leprosy
 - e) Xanthogranuloma
- (5) A 34-year-old woman presents with a history of a slowly enlarging lesion on her abdomen. It started as an area of thickened skin and developed into a nodule with a blue hue. Biopsy has shown a fibrohistiocytic lesion with malignant change. What is the most likely diagnosis?**
- a) dermatofibrosarcoma protuberans.
 - b) Merkel cell carcinoma
 - c) angiosarcoma
 - d) Kaposi's sarcoma
 - e) Liposarcoma

(6) The following cells are stained with S100 EXCEPT

- a) Langerhans cells
- b) Keratinocytes.
- c) Melanocytes
- d) Neural cells
- e) b and d

(7) A newborn male with an extensive verrucous granulated plaque on the scalp and neck, which is consistent with nevus sebaceus of Jadassohn. What would be the best recommendation?

- a) Early excision should be recommended because of the high risk of associated cutaneous malignancies
- b) Observation is an option because most associated malignancies do not develop until later in life.
- c) These lesions usually remain static through out life with no growth or hypertrophy
- d) These lesions represent tumors of sebaceous origin. They should be excised because of the possibility of localized infiltrative growth

(8) A 63-year-old woman presents with a non-healing lesion on her right temple that has been present for over two years. On examination there is a 6 mm well defined lesion with central ulceration, telangiectasia and a shiny, rolled edge. What is the treatment of choice for this lesion?

- a) superficial radiotherapy
- b) single pass curettage
- c) excision with 2 mm margins
- d) excision with 4 mm margins.

(9) A 46-year-old man presents for review after excision of a sebaceous adenoma from his chest. Of note the patient has had previous sebaceous adenomas and a sebaceous carcinoma excised. His mother has had similar problems in the past. What other specialty should you refer this patient to for further investigation?

- a) cardiology
- b) neurology
- c) rheumatology
- d) gastroenterology.
- e) haematology

(10) A 52-year-old patient presents with a 9 mm basal cell carcinoma overlying the superior sternum. It is planned to remove the lesion by excision with direct closure. Which of the following medications may increase the risk of the patient developing a keloid scar?

- a) isotretinoin.
- b) sumatriptan
- c) atenolol
- d) levothyroxine
- e) aspirin

Vasculitis, Neutrophilic and Eosinophilic dermatoses
Assessment Quiz
Dr Ahmad Kamel

MCQs

(1) Which of the following statement is FALSE, Pyoderma gangrenosum is associated with:

- a) Ulcerative colitis.
- b) Crohn's disease.
- c) Rheumatoid arthritis.
- d) Gardner's syndrome
- e) IgA paraproteinaemia.

(2) Which of the following does not represent a characteristic of a PLEVA lesion?

- a) Vesiculation.
- b) Hemorrhagic necrosis.
- c) Eosinophils
- d) Ulceration.

(3) Which of the following is incriminated in the pathogenesis of cutaneous small vessel vasculitis?

- a) C3a & C5a.
- b) TNF- α .
- c) E-selectin.
- d) All of the above

(4) Minor criteria for the diagnosis of Sweet's syndrome include all of the following EXCEPT:

- a) Association with inflammatory or neoplastic disease.
- b) Typical skin lesions
- c) Response to systemic steroids.
- d) Positive C-reactive protein.

(5) The main pathological feature of granuloma faciale is:

- a) Granulomatous reaction.
- b) Leukocytoclastic vasculitis
- c) Spongiotic dermatitis.
- d) Lichenoid reaction.

(6) In eosinophilic cellulitis (Well's syndrome), the treatment of choice is

- a) Methotrexate.
- b) Infliximab.
- c) Cyclosporine.
- d) Oral prednisolone

(7) All are characteristics for vasculitis except

- a) Extravasation of RBCs.
- b) Inflammatory infiltrate.
- c) Fibrinoid deposition
- d) Endothelial thickening
- e) Flame figure.

Define / Describe the following signs and mention where do they occur?

(8) Illusion of vesiculation

(9) Flame figures

(10) Grenz zone

Bullous diseases (immunobullous & genetic bullous)

Assessment Quiz

Dr Ahmad Kamel

MCQs

(1) Paraneoplastic pemphigus is developed as a result of autoantibodies against:

- a) Desmoplakin
- b) Envoplakin
- c) Periplakin
- d) All of the above.

(2) Representative adhesion proteins in hemidesmosome-anchoring filament complex include the following except:

- a) Nidogen.
- b) Plectin
- c) Integrin subunit α B4
- d) Laminin 5

(3) Target protein of epidermolysis bullosa simplex with muscular atrophy is:

- a) K5, K14
- b) α 6B4 integrin
- c) Laminin 5
- d) Non of the above.

(4) A 60-year-old gentleman presents with 30-pound weight loss, severe oral and ocular erosions, and erythematous skin patches and erosions. Histological examination reveals suprabasal acantholysis. Direct immunofluorescence reveals deposition of immunoglobulin G around epidermal cells. Indirect immunofluorescence performed with monkey esophagus reveals antibodies against the epithelial cell surface. The next step is to:

- a) treat with prednisone
- b) treat with prednisone and cyclophosphamide
- c) perform further serum studies
- d) perform malignancy work-up
- e) both c and d.

(5) Which of the following statement is false, Dermatitis Herpetiformis

- a) Most patients have an associated GIT abnormality
- b) Is an itchy skin disorder
- c) Can be improved by gluten free diet
- d) Lesions can affect the scalp
- e) Responds to steroids.

(6) Lupus band test is positive in

- a) Pemphigus foliaceus
- b) Paraneoplastic pemphigus
- c) Senear-Usher syndrome.
- d) a, b

(7) Black fly bite is considered as an environmental factor in

- a) Paraneoplastic pemphigus
- b) Senear-Usher
- c) Pemphigus Vegetans
- d) Endemic pemphigus foliaceus.

(8) Anti nuclear anti-bodies can be detected in

- a) Pemphigus herptiformis
- b) Senear-Usher syndrome.
- c) Pemphigus Vegetans
- d) Non of the above

(9) Pemphigus foliaceus antigen is:

- a) Desmoplakin 1
- b) Desmocollin 1
- c) Desmoglein 1.
- d) Desmoglein 3

(10) All of the following drugs may induce pemphigus EXCEPT:

- a) Dapsone.
- b) Penicillin
- c) Captopril
- d) Nifedipine

MCQs assessment quiz
Pigmentary disorders
Dr Ahmad Kamel, MD

(1) All are true about melanocytes except

- a) one of dendritic cells
- b) the number in relation to basal keratinocytes is 1-10
- c) their cytoplasm contains tonofilaments-desmosomes complex.
- d) originate from neural crest
- e) contain melanosomes

(2) the neural marker in vitiligo is:

- a) Substance-p.
- b) VIP
- c) Substance-y
- d) Non of the above

(3) Skin type III:

- a) Always burns
- b) Sometimes burns.
- c) Never burns
- d) Always tans

(4) The greater density of melanocytes is in:

- a) Face and arms
- b) Face and genitalia.
- c) Trunk and thighs
- d) Trunk and face

(5) A disorder of melanosome transfer is:

- a) Waardenburg's syndrome type 1
- b) Piebaldism
- c) Chediak-Higashi syndrome.
- d) Hermansky-Pudlak syndrome
- e) Rufous albinism

- (6) Vogt-Koyanagi-Harada syndrome comprises the the following except:**
- a) Bilateral uveitis
 - b) Vitiligo, alopecia, poliosis
 - c) Dysacusia
 - d) Intestinal polyposis.
 - e) Neurologic signs
- (7) All are True regarding stage I melanosomes, EXCEPT:**
- a) They are round
 - b) They typically measure 0.3 microns in diameter
 - c) They possess intense tyrosinase activity
 - d) They contain melanin.
- (8) Melanocytes can not be identified with which of the following stains?**
- a) Dopa reaction
 - b) Silver stains
 - c) Fontana masson stain
 - d) Congo red.
- (9) An 8-month-old child presents with a silver sheen to her hair, seizures, hepatosplenomegaly, lymphadenopathy, pancytopenia, recurrent Staph aureus skin infections, and enlarged granules noted within neutrophils on peripheral smear. Which of the following gene defects is most likely to be identified?**
- a) c-kit
 - b) LYST.
 - c) Pax3
 - d) HPS1
 - e) RAB27a
- (10) A 40-year-old woman presents with a history of fever, seizures, photophobia, and poliosis of her eyebrows. The most likely explanation is:**
- a) New onset of generalized vitilgo
 - b) Molecular mimicry following a viral infection.
 - c) Genetic abnormality in lysosomal trafficking
 - d) PAX3 mutation
 - e) Cocaine use

- (11) New world cutaneous leishmaniasis is due to:**
- a) L-major
 - b) L-atheopica
 - c) L-mexicana.
 - d) Non of the above
- (12) Main vector of oriental sore is:**
- a) Phelebotomus sergenti
 - b) Phelebotomus papatasi
 - c) a,b.
 - d) Non of the above
- (13) Montenegro skin test be used as diagnostic method in**
- a) Cut. T.B.
 - b) Cut. sarcoidosis
 - c) Lepromatous leprosy
 - d) Non of the above.
- (14) Live mites from crusted scabies can survive in environment for up to**
- a) A week.
 - b) Two weeks
 - c) Three weeks
 - d) non of the above

Basic sciences in dermatology
Assessment quiz
Dr Ahmad Kamel

(1) Parakeratosis

- a) Thinning of stratum corneum
- b) Thickening of epidermis and elongation of rete ridges
- c) Retention of nuclei in stratum corneum.
- d) Basket-weave appearance of stratum corneum
- e) Keratin-filled invaginations of the epidermis

(2) Lichenification

- a) A process whereby living keratinocytes are transformed into non-living corneocytes
- b) Area of depigmentation
- c) Primary lesion of lichen planus
- d) Follicular hyperkeratosis secondary to blockage of hair follicles with plugs of keratin
- e) Non of the above.

(3) Dyskeratosis means

- a) retention of nuclei in horny cell layer
- a) individual cell keratinization.
- b) increased thickness of horny cell layer
- c) increased thickness of whole epidermis

(4) Epidermotropism

- a) Presence of mononuclear cells in the epidermis without spongiosis.
- b) Presence of mononuclear cells in the epidermis with spongiosis
- c) Presence of epidermophyton floccosum in the epidermis causing ringworm infection
- d) Presence of degenerated apoptotic epidermal keratinocytes in some skin diseases
- e) None of the above

(5) All of the following are dendritic cells EXCEPT

- a) Langerhans cell
- b) Mast cells.
- c) Melanocytes
- d) Merkel cells